

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10236

318

1003

Registrar's No. 2896

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 15		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 4057 So. MAIN ST.			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) H.		c. (Last) JACOBS		4. DATE OF DEATH (Month) (Day) (Year) MAR. 26 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 1, 1893	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY BROADWAY AUTO DUSTRY SALVAGE CO.		11. BIRTHPLACE (State or foreign country) PACIFIC, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN J. JACOBS		13b. MOTHER'S MAIDEN NAME MINNIE WIER		14. NAME OF HUSBAND OR WIFE GARNET LEE JACOBS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 498-10-6184		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GARNET LEE JACOBS 4057 So. MAIN			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Cardiac failure Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from 12-15-50, 19____, to 3-26-51, 19____, that I last saw the deceased alive on 3-26-51, 19____, and that death occurred at 4:25P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert Schindler, Jr. M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-29-51		24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE RECD BY LOCAL REG. MAR 28 1951		REGISTRAR'S SIGNATURE J. B. Lusater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GERKEN-BENZ MORTUARY 2842 MERAMEL ST.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.